

**NOTIFICATION OF INTENT TO OFFER
STATE REIMBURSABLE ADULT EDUCATION PROGRAMS
JULY 1, 200____ THRU JUNE 30, 200____**

The _____
School Corporation

Located at _____
Street Address City Zip

intends to submit an authorization request to offer a state reimbursable adult education program as defined under IC 20-10.1-7 and 511 IAC 11.1-8.

Type of program to be offered:

Check appropriate items

PROGRAM		TERM	
ABE/GED/ESL	_____	Summer/Fall	_____
ASC	_____	Summer/Fall	_____
		Spring	_____
		Spring	_____

The person(s) responsible for program administration:

Name _____ Name _____

Title _____ Title _____

Address _____ Address _____

City Zip City Zip

Phone _____ Phone _____

Superintendent's Signature

Typed Name